TENNESSEE DEPARTMENT OF EDUCATION
DIVISION OF SPECIAL EDUCATION
ADMINISTRATIVE COMPLAINT

To:　　**Office of Legal Services**
Tennessee Department of Education/Division of Special Education
7th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243-0380
FAX: 615.253.5567

From:

_____
Name

_____
Address

_____
City　　　　　　　　　State　　　　　　　Zip Code

_____
Telephone (Home)　　　　　　　　　Telephone (Work)

_____
Child's Name

_____　　　　　_____
Child's Date of Birth　　　　　　　　Child's Disability

This administrative complaint is filed on behalf of _____, a student

at _____School, in the_____ School System.

The specific grounds/reasons for this complaint are:
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please investigate this complaint and notify me of the results. I understand that it may be necessary to release a copy of any correspondence submitted by me in relation to this complaint, my name, the name of the child, and the nature of my complaint to local school system officials in order to resolve these issues.

_____　　　_____
Signature　　　　　　　　　　　　　　　　　Date

ED 5247 REV. 7.1.07